



Aurora Health Care

Secretary Helene Nelson
Department of Health & Family Services
c/o Kathleen Luedtke, Comprehensive Systems Change Manager
1 West Wilson Street, Room 850
Madison, WI 53702

RE: Response to Request for Information; Wisconsin DHFS Long-Term Care Reform

Dear Secretary Nelson:

Aurora Health Care supports the Wisconsin Department of Health and Family Services goal of continuing to redesign Wisconsin's long-term care and support systems to foster independence, recovery and quality of life for frail elders and other populations, and is well positioned through many of its existing and evolving programs to be a part of this initiative. This letter represents an initial statement of interest in working with the Department and other interested organizations to achieve the objectives set forth in your letter and Request for Information dated October 21, 2005.

We look forward to meeting with you and your staff to develop more fully some of the concepts and opportunities described in this response.

Organization Name: Aurora Health Care

Contact Person:

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Description of Organization:

Established in 1984 as a not for profit health care corporation and headquartered in Milwaukee, Aurora is the leading provider of integrated health care services in Eastern Wisconsin. Aurora delivers services in more than 75 urban and rural communities in 20 counties through its 13 hospitals, 120 clinics, 140 community pharmacies, home health care and other services (**see Attachment 1. Aurora Health Care at a Glance**). Over one million individuals are served annually by Aurora, or about 27% of Eastern Wisconsin's population. Aurora provides more care to Medicaid recipients and charity patients than all of the other health care providers in the state combined, with over 170,000 MA discharges annually. In addition to MA eligible patients, Aurora serves a wide range of special populations which include low-income, minority groups, women, children, and people with special health care needs, including those with disabilities and those needing chronic or end of life care.

The care of seniors is a high priority for Aurora Health Care as evidenced by its employment of a Senior Services Director, a Medical Director of Senior Services for the system, and the organization's development and support of a system-wide Senior Service Strategy Team. Aurora

offers a wide range of health care services and support for seniors throughout its service area (see **Attachment 2. Aurora Senior Resource Directory**).

The state desire to design a long term care system where 'the money follows the person', and a priority on home and community based services, we feel that Aurora's comprehensive home care agency would fit very well into the desired plan. Aurora Visiting Nurse Association of Wisconsin was established in 1907 and was the state's first and now its largest home health agency. It has been affiliated with Aurora since 1988. Aurora VNA services include health care at home, hospice care, palliative care, lifeline services, in-home health monitoring, home medical equipment and supplies, mobile meals, adult day center services, and parish nursing. It has more than 1000 employees including a full time medical director, 290 registered nurses, 134 home health aids, 101 therapists, 19 social workers and a wide variety of professional and volunteer support.

Finally, a major focus of Aurora has been the on-going development and adoption of a care management philosophy, a concept that is discussed in more detail in the **Interest** section below, and an approach that fits well with the Department's goal of building care management components into its long term care redesign.

Interest in Planning and Implementation of Long Term Care Reform in Wisconsin:

Aurora's interest in the Department's long-term care reform initiative stems from three premises:

- 1) **An organizational commitment to care management principles and their applicability to senior services** - Aurora has taken a leadership position in recognizing the significance of implementing a workable system of care management that impacts positively on the cost and quality of health care in this state. In 1995, Aurora embraced care management as a key strategy, using a rapid turn-around research to practice process for improving the quality of services and patient outcomes, and controlling costs. Currently, Aurora is conducting 26 specific clinical improvement and disease management initiatives involving more than 600 physicians, which have resulted in improved patient outcomes and cost savings in the millions of dollars. Earlier this year, the Aurora Senior Service Strategy team met to identify those care management initiatives that have special applicability to Aurora's geriatric populations and to begin to develop interdisciplinary plans of care, patient education materials, nursing and physician education modules, and computerized patient order entry capabilities for physicians to support best practice geriatric care. Specific geriatric priorities identified include: wound/pressure ulcer prevention, congestive heart failure, hip/knee replacement, acute myocardial infarction, pneumonia, stroke, advance care planning, depression, and influenza vaccination.
- 2) **Existing successful partnerships with Family Care** – Aurora Family Service is currently contracting with Milwaukee County as part of the state's Family Care program to deliver case management services to approximately 240 Medical Assistance participants in the county. As evidenced by the senior service initiatives and programs currently in place and described below, Aurora has a proven track record of entering into successful partnerships with government and private entities which capitalize on the expertise of each party and result in measurable positive outcomes for the populations served.
- 3) **A history of delivering quality services to Seniors and other special populations across the continuum of care** – Aurora has successfully implemented a number of programs which provide

seniors and others with the functionality and support to maximize their health situation and remain as functionally independent as possible. Some of these programs are:

- a) **The Senior Care Resource Coordinator Program** – This is a partnership model which uses geriatric nursing expertise to help primary care physicians and their senior patients identify and coordinate resources and services available in the community to enhance their independence, sense of control and improvement of health status. It is currently operational in Racine, Kenosha, Walworth County, and Burlington; with replication in progress for every region of Aurora.
- b) **Senior Housing Case Management Program** – Aurora Family Service Elder Services currently provides on-site case managers at three low income senior housing sites in Milwaukee County and two sites in Walworth County. Services provided to these residents include: case analysis to identify people in need, needs assessments, short term care management of medical conditions, health and well being education, information and referral support, assistance with Medicare Part D, advocacy and conflict resolution
- c) **Community Care for the Elderly (CCE) Partnership** – This is a partnership between the Aurora VNA's Village Adult Day Center and CCE which provides support for older adults who require long-term care but wish to remain in their homes. Services provided span the continuum of care and include physician services, outpatient nursing care, therapy, home care and home-making assistance. Traditional inpatient, specialty, nursing home and group home long term care are also available to those who need these services. All services are coordinated by an inter-disciplinary team of providers.
- d) **Physician Presence in Nursing Homes** – A number of Aurora physicians currently serve as Medical Directors for nursing homes in Aurora's Central and Metro service regions. In this role, they oversee medical care provided to the residents and policies/procedures regarding provision of care in the homes. They also serve on Quality Improvement Committees.
- e) **The Aurora Geriatrics Institute at Aurora Sinai Medical Center** – The Aurora Geriatrics Institute provides leadership and expertise in geriatrics care, research and education for older adults. IN partnership with the Wisconsin Alzheimer's Institute, it provides memory loss assessments and other services to people afflicted with this disease or other dementias. The Institute also provides support for the Geriatric Assessment Center in Racine. See Attachment 2 for a more detailed listing of services provided by the Aurora Geriatrics Institute.
- e) **The West Bend Partnership with Cedar Ridge** – At its Cedar Campus clinical site, Dr. Michael Malone, Medical Director of Aurora Senior Services, who is a geriatrician and an Associate Professor at the UW Medical School, holds a monthly 'difficult geriatric case conference' via audio conference with the Cedar Campus staff. Staff prepares a case for discussion with Dr. Malone and his team of geriatric experts, including geriatricians, a gero-psychiatrist, residents, nurses, and others. The group discusses the case and offers suggested interventions/approaches to assist staff and to achieve a better outcome for the resident.

These are just a few examples of initiatives currently supported by Aurora which position it well for future partnership in the next phase of Wisconsin's long-term care reform.

Geographic Area of Interest:

Aurora is prepared to partner on programs within any or all of its regional service areas, depending on the nature of the specific initiative and the capacity of Aurora to provide a particular service in a specific region or community. The twenty counties currently served by Aurora and its affiliates are depicted in Attachment 1. *Aurora Health Care at a Glance*.

Proposed Scope and Nature of Work:

Aurora has a specific interest in working with the Department in the following areas, and is open to exploring other areas of interest and organizational capacity that support the state's long-term care reform agenda:

a) Community Based Case Management (CBCM) Program – This program pairs advanced practice nurses and social workers with patients who have high-cost, chronic conditions and multiple service needs. The partnership enhances patient/family knowledge of disease process and management as well as increases coordination of services, making it an attractive fit for the elderly and patients with special needs. Some specific areas of focus include mobilizing community resources, coordinating the plan of care with other health care providers, and supporting the client's/family's development of self-care.

CBCM is currently provided within Aurora's Metro and South regions to Aurora employees, to several employer groups and to selected Medicare and Medicaid patients using Aurora facilities. It is the intent of Aurora leadership to expand CBCM throughout the system. Discussions regarding implementation within the North and Central regions will occur in 2006.

Outcomes data collected on CBCM demonstrates improved clinical quality for patients and meaningful cost savings. Quality data is comprised of indicators of preventative health as noted in Healthy People 2010 as well as research-based indicators for best-practice management of chronic illness that have been accepted throughout Aurora, specifically congestive heart failure, asthma and diabetes mellitus. Some examples of outcomes for 2004 are that all case managed patients had interface with a primary care provider, 84% received influenza vaccination, 80% received pneumovax, and 90 % had a documented total blood cholesterol level. Cost savings for CBCM patients in 2004 are illustrated in Figure 1.

Figure 1. Aurora Community Based Case Management Financial Indicators (2004 data)

	Before CBCM	After CBCM	Overall Impact
Total annualized cost	\$ 5,522,052	\$ 4,144,344	↓ \$1,377,708 (↓ 25%)
Inpatient Admissions	349	261	↓ 88 admissions (↓ 25%)
Inpatient Days	2174 days	1522 days	↓ 652 days (↓ 30%)

Total n=107. Medicare (n = 56); Defined population within Commercial contracts (Aurora self-insured: n= 39; employer: n = 12)

Key partners for a long-term care CBCM type initiative would be Aurora outpatient clinic sites and primary care providers, with external partnerships anticipated with county aging units and other community-based senior service related entities.

b) Acute Care for Elderly (ACE) – Aurora was the first health care provider in Wisconsin to implement the ACE program, one of 25 such programs around the country. First instituted at the University Hospitals of Cleveland, an ACE unit seeks to combat “the dysfunctional syndrome” or functional decline in acutely ill, hospitalized older patients who are frail or have memory loss. The unit is a general medical unit that provides typical medical services plus specialized geriatric interventions. It is a model for improving aspects of overall function that are not specifically related to a particular disease or treatment. Through an innovative approach, referred to as ‘prehab’, physical and psychosocial functions are maintained or restored on the ACE unit. The prehab approach is a multifaceted intervention that combines principles of geriatric assessment with guidelines for optimal medical and nursing care of older patients in an interdisciplinary setting.

Research has shown that about 25% of frail elderly patients who are hospitalized for common acute illnesses never return to the living situation they had been in prior to entering the hospital, because their total needs often go unmet. To address this, the Aurora Sinai Medical Center (ASMC) ACE unit provides an interdisciplinary team that includes a geriatrician, a clinical nurse specialist, social worker, geriatric pharmacist, nutritionist, and physical, occupational, speech and recreational therapists to work with the patient's attending physician. They collaborate to provide specialized geriatric care that emphasizes maximum functional independence, with specific protocols for rehabilitation and the prevention of physical and cognitive declines. The 20-bed ACE unit at ASMC features a home-like environment with carpeting, special lighting, communal dining, social activities and a kitchenette to encourage family interaction.

Nursing homes are logical partners for this program, because of the ongoing admission and discharge dynamic with hospital and clinic based care. ACE also promotes strong involvement of family members in the ongoing care and support of their loved one.

Aurora is currently in the process of developing ACE Programs/Units/Virtual Units in each hospital, along with implementation of geriatric nursing education for nurses and other professionals in the organization's hospitals, home care, and community based programs. We would be interested in exploring a possible fit for this initiative within the Wisconsin DHFS long-term care reform initiative.

In closing, we view this letter of interest as the first step in an ongoing conversation with Wisconsin DHFS about the opportunity for Aurora Health Care to play a meaningful role in long-term care reform in the state. We are excited about the partnerships that are likely to emerge from your leadership in this area, and would be happy to meet with you in person to discuss any of our initiatives in more detail. I look forward to hearing from you about next steps.

Sincerely,



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Director, Senior Services

Enclosed:

- Attachment 1. Aurora Health Care at a Glance Map
- Attachment 2. Aurora Health Care Senior Resource Directory